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Comments: Please see attached.

Serial No. 09/744,771

Docket No. 14531.107.2.1

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A11M0000001120V001

**PATENT APPLICATION**  
Docket No. 14531.107.2.1

**In re application of**

09/744,771

April 27, 2001

5682

## OVERLAY MANAGEMENT

**Jamieson W. Fish**

47973

**Mail Stop AMENDMENT**  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, VA 22313-1450**

I hereby certify that this paper is being transmitted via facsimile to the Patent and Trademark Office to phone no. (703) 872-9306 (Formal Fax No.) on the date shown below.

- Amendment "A" (11 pages)
- Transmittal Letter (1 page)
- PTO Form 2038 (1 page)


Dated this 25 of May 2005.

Respectfully submitted,

*[Handwritten signature]*

**JENS C. JENKINS**  
Registration No. 44,803  
Attorneys for Applicant  
Customer No. 47973

RDN:JCI:ahm  
AHM0000001114V001

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No.	
Applicant(s): Ofir Paz, et al.				14531.107.2.1	
Application No. 09/744,771	Filing Date April 27, 2001	Examiner Jamieson W. Fish	Customer No. 047973	Group Art Unit 2616	Confirmation No. 5682
Invention: <b>OVERLAY MANAGEMENT</b>					
<b>COMMISSIONER FOR PATENTS:</b>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	56 -	53 =	3	x \$50.00	\$150.00
INDEP. CLAIMS	2 -	3 =	0	x \$200.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$150.00
<input type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 23-3178 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input checked="" type="checkbox"/> Payment by credit card, Form PTO-2038. <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>					
 Signature			Dated: May 25, 2005		
JENS C. JENKINS Registration No. 44,803 Customer No. 047973  05/26/2005 BBONNER 00000027 09744771 01 FC:1202 150.00 0P			<div style="border-bottom: 1px solid black; margin-bottom: 5px;">I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date)</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Signature of Person Mailing Correspondence</div> <div style="border-bottom: 1px solid black;">Typed or Printed Name of Person Mailing Correspondence</div>		
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MAY 25 2005

PATENT APPLICATION  
Docket No. 14531.107.2.1

**047973**

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